

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579606

FILING DATE

APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4				1		
5					1	
6						1
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32				1		
33				1		
34	1		1			
35	1					
36	1					
37		2		1		
38	1					
39	1					
40	1					
41	1					
42	1					
43	1		1			
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53			2			
54					1	
55	1					
56	1					
57	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						